
320.40

Complaints

Overview

**Accept all
complaints**

All verbal and written complaints by applicants or participants alleging discrimination must be accepted. See page 2 for addresses to file complaints.

***And Justice for
All* poster**

The Department non-discrimination poster and the *And Justice For All* poster must be displayed prominently in all WIC clinics to remind participants of the procedure for filing a complaint.

Note: Posters are available in multiple languages and can be obtained at <http://www.fns.usda.gov/cr/justice.htm#Translations>.

**Agency or
vendor
complaints**

WIC contract agencies or vendors who feel they have been discriminated against by the state WIC office should follow the same complaint procedures as participants.

Appeals

For information on appeals procedures, see Policy 350.30.

Filing Complaints

Form

Use the form on page 4 when filing a complaint. An English form from the USDA can also be found [here](#):

https://www.ascr.usda.gov/forms/doc/Complain_combined_6_8_12.pdf. A Spanish complaint form can be found on the United States Department of Agriculture's website:

http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Complaint_6_8_12_0.pdf. The complaint should include:

- Complainants' name, address, telephone number, or other means of contacting the complainant;
- Description of the incident, including the dates, class of complaint, policy or practice followed, and decisions involved;
- Name, address and telephone number of any legal representatives;
- Agency that made the decision or applied the policy;
- Basis(es) on which discrimination is alleged; and
- Name of the local and state WIC agency staff involved.

Note: If the complainant makes the complaint verbally or in person and refuses or is not inclined to place the complaint in writing, the person to whom the complaints are made must write up the components of the complaint for the complainant.

Address for complaints

All complaints must be forwarded to the USDA within five (5) calendar days of receipt. If the complaint is based on race, color, national origin, sex, age, or disability, or multiple factors including one of these then file a complaint with:

U.S. Department of Agriculture, Director
Office of Adjudication
1400 Independence Avenue SW
Washington, DC 20250-9410
(866) 632-9992 (voice)
1-800-877-8339 (English) – Federal Relay Service or 1-800-845-6136 (Spanish)

Other contacts Other complaints including religion or political beliefs may also be forwarded to:

Iowa Department of Public Health
Affirmative Action Officer
Lucas Building
321 East 12th Street
Des Moines, IA 50319
(515) 281-7689

Iowa Civil Rights Commission
Grimes State Office Building
400 E. 14th Street
Des Moines, IA 50319-1004
(800) 457-4416

**Regional office
will be notified** If the Affirmative Action Officer of the Iowa Department of Public Health receives
notice of a discrimination complaint, regardless of the basis on which it was filed,
notification is sent to the Regional Office of the Food and Nutrition Service.

Tracking and Documenting Complaints

WIC clinics WIC clinics should create and maintain a Civil Rights Complaint folder that contains instructions about how to file complaints, complaint forms, a copy of this policy and documentation of all Civil Rights complaints that have been filed at their clinics either verbally or in written form. This folder must be available at all times, at all clinics, and all staff must know how to access this folder.

Notification When a Civil Rights complaint has been made, the local agency WIC Coordinator and your agency's Nutrition Consultant should be notified immediately.

Tracking and documentation The local agency WIC Coordinator must track and record the closure of Civil Rights complaints and must notify the local agency's nutrition consultant who will track and record the closure of the complaint on the State's Civil Rights Complaint Log.

Note: All complaints must be processed and closed within 90 days of receipt.



DISCRIMINATION COMPLAINT FORM

Iowa WIC Program

1-800-532-1579

The complaint must be filed within 180 days of the alleged discriminatory action.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Name: _____ Address: _____ Telephone: _____

NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICE DELIVERING THE SERVICE OR BENEFIT:

NAMES, TITLES, AND BUSINESS ADDRESSES OF PERSONS WHO MAY HAVE KNOWLEDGE OF THE ALLEGED DISCRIMINATORY ACTION:

DATE (S) ON WHICH THE ALLEGED DISCRIMINATORY ACTION OCCURRED:

DESCRIBE THE NATURE OF THE INCIDENT OR ACTION WHICH YOU FEEL THAT DISCRIMINATION WAS A FACTOR:

Signature

Date

In accordance with section 601 of the 1964 Civil Rights Act, no person shall be intimidated, threatened, coerced, or discriminated against for the purpose of interfering with the right or privilege to file a complaint. The identity of complainants shall be kept confidential except to the extent necessary to carry out the purposes of the regulations governing civil rights.

CHECK THE BASIS (ES) ON WHICH YOU FEEL DISCRIMINATION EXISTS:

- | | | |
|--------------------------------|------------------------------|--|
| <input type="checkbox"/> RACE | <input type="checkbox"/> AGE | <input type="checkbox"/> NATIONAL ORIGIN |
| <input type="checkbox"/> COLOR | <input type="checkbox"/> SEX | <input type="checkbox"/> DISABILITY |